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Signature of depositor

The filing fee is calculated as follows:

CLAIMS AS FILED				
	NUMBER FILED	NUMBER EXTRA	LARGE ENTITY	AMOUNT
Basic Fee	8	0	\$ 710.00	\$ 710.00
Total Claims	8	-20 =	x18.00	
Independent				
Claims	1	-3 =	\$78.00	
Assignment				
Recording Fee			40.00	40.00
Multiple Dependent Claim				
Fee			260.00	
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TOTAL FEE				\$ 750.00

- [X] Please record the accompanying Assignment.
- [X] Please charge Deposit Account No. 50-0749 in the amount of \$40.00 for recording the assignment.
- [X] Check in the amount of \$710.00 for Filing Fee.
- [X] The Assistant Commissioner for Patents is hereby authorized to charge any additional fees due or credit any overpayment to Deposit Account No. 50-0749.

All future correspondence should be addressed to:

Patent Department  
Mitsubishi Electric Research Laboratories, Inc.  
201 Broadway  
Cambridge, Massachusetts 02139

Duplicate copies of this letter are enclosed.

Respectfully submitted,  
MITSUBISHI ELECTRIC RESEARCH LABORATORIES, INC.

By: 

Dirk Brinkman  
Reg. No.: 35,460  
Attorney for Assignee

Mitsubishi Electric Research Laboratories, Inc.  
201 Broadway  
Cambridge, Massachusetts 02139  
(617) 621-7539

Customer No. 022199